

Complete Summary

GUIDELINE TITLE

Seborrhoeic dermatitis.

BIBLIOGRAPHIC SOURCE(S)

Finnish Medical Society Duodecim. Seborrhoeic dermatitis. In: EBM Guidelines. Evidence-Based Medicine [Internet]. Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2007 Jan 17 [Various].

GUIDELINE STATUS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Seborrhoeic dermatitis

GUIDELINE CATEGORY

Diagnosis
 Management
 Treatment

CLINICAL SPECIALTY

Dermatology
 Family Practice
 Internal Medicine

INTENDED USERS

Health Care Providers
Physicians

GUIDELINE OBJECTIVE(S)

Evidence-Based Medicine Guidelines collects, summarizes, and updates the core clinical knowledge essential in general practice. The guidelines also describe the scientific evidence underlying the given recommendations.

TARGET POPULATION

Patients with or suspected to have seborrhoeic dermatitis

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

Assessment of clinical features

Treatment/Management

1. Remove the thick scales and decrease the amount of sebum
2. Decrease fungal growth
3. Use symptomatic topical treatment

MAJOR OUTCOMES CONSIDERED

- Signs and symptoms of seborrhoeic dermatitis
- Relapse rates after treatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The evidence reviewed was collected from the Cochrane database of systematic reviews and the Database of Abstracts of Reviews of Effectiveness (DARE). In addition, the Cochrane Library and medical journals were searched specifically for original publications.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

- A. Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogenic results.
- B. Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.
- C. Limited research-based evidence. At least one adequate scientific study.
- D. No research-based evidence. Expert panel evaluation of other information.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary. The recommendations that follow are based on the previous version of the guideline.

The levels of evidence [A-D] supporting the recommendations are defined at the end of the "Major Recommendations" field.

Epidemiology

- Usually occurs in adults (aged 18 to 40 years) in areas rich in sebaceous glands
- Men are more commonly affected than women.

Symptoms and Signs

Sites of Predilection

- Affected skin areas in order of frequency
 - Scalp (see pictures 1 & 2*)
 - Face; eyebrows, nasolabial creases (see picture 3*), sideboard (sideburn) areas (see pictures 4 & 5*)
 - Ears and ear canals
 - Mid-upper parts of the chest and back ("perspiration creases") (see picture 6*)
 - Buttock crease, inguinal area, genitals (see picture 7*), and armpits
 - Only rarely becomes generalized

Clinical Picture

- Greasy or dry scaling of the scalp, sometimes a "cradle cap" (see picture 8*)
- Mildly scaling eczematous patches on the face (see pictures 3 & 4*) at typical locations, often with itch and stinging
- Itch and inflammation of the ear canal
- Blepharitis
- Well-demarcated eczematous patches on mid-upper trunk.
- Intertrigo

Aetiology and Pathophysiology

- Increased layer of sebum on the skin, quality of the sebum, and the immunological response of the patient favour the growth of *Pityrosporum* yeast.
- Degradation of the sebum irritates the skin and causes eczema.

Diagnosis

- Based on the typical clinical presentation and location of the eczema
- In psoriasis (see the Finnish Medical Society Duodecim guideline "Psoriasis") the scales are thicker, and the sites of predilection are different (elbows, knees). Psoriasis often has a familial occurrence.

Treatment

- The treatment does not cure the disease permanently. Therefore it must be repeated when the symptoms recur, or even prophylactically (Peter & Richarz-Barthauer, 1995; Gee, 2005) [A].

Removing the Thick Scales and Decreasing the Amount of Sebum

- The scales can be softened with a cream containing salicylic acid and sulphur (but not Vaseline) or by wetting and washing.
- Seborrhoeic skin should be washed more often than usual.

Decreasing Fungal Growth

- Washing the scalp with ketoconazole shampoo (Peter & Richarz-Barthauer, 1995; Gee, 2005) [A]
- Topical treatment with creams containing imidazole derivatives
- Antimycotic on skin creases (rarely necessary)
- Sometimes ultraviolet light therapy

Symptomatic Topical Treatment

- Corticosteroid liniments for the scalp (from mild to potent) (Hersle, Mobacken, & Nordin, 1996) [B]
- Corticosteroid creams for other parts of the body (from mild to potent)
- Moisturizing emollients after washing
- Ketoconazole shampoo and corticosteroid liniments must often be combined in therapy-resistant cases.

Related Resources

See original guideline document for evidence summaries.

*Note: All pictures identified in this summary can be found in the original guideline document (see "Guideline Availability" field).

Definitions:

Levels of Evidence

- Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogenic results.
- Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.
- Limited research-based evidence. At least one adequate scientific study.
- No research-based evidence. Expert panel evaluation of other information.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Concise summaries of scientific evidence attached to the individual guidelines are the unique feature of the Evidence-Based Medicine Guidelines. The evidence summaries allow the clinician to judge how well-founded the treatment recommendations are. The type of supporting evidence is identified and graded for select recommendations (see the "Major Recommendations" field).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate differential diagnosis, management, and treatment of seborrheic dermatitis

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Apr 21 (revised 2007 Jan 17)

GUIDELINE DEVELOPER(S)

Finnish Medical Society Duodecim - Professional Association

SOURCE(S) OF FUNDING

Finnish Medical Society Duodecim

GUIDELINE COMMITTEE

Editorial Team of EBM Guidelines

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Author: Eero Lehmuskallio

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

GUIDELINE AVAILABILITY

This guideline is included in "EBM Guidelines. Evidence-Based Medicine" available from Duodecim Medical Publications, Ltd, PO Box 713, 00101 Helsinki, Finland; e-mail: info@ebm-guidelines.com; Web site: www.ebm-guidelines.com.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on December 17, 2002. The information was verified by the guideline developer as of February 7, 2003. The summary was updated by ECRI on June 8, 2004, December 21, 2006, and February 27, 2007.

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